

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 147
Registered No. III

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 921 Keegan St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Billy Louise Wilson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 5. No., in order of birth _____ 7. Date of birth Mar. 13 - 1927
Month Day Year

8. FATHER Full name <u>Fred. Robert Wilson</u> 9. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state. <u>Arizona</u> 10. Color or race <u>Cauc.</u> 12. Birthplace (city or place) <u>Globe, Arizona</u> (State or country) 13. Occupation Nature of Industry <u>Store Keeper</u>		14. MOTHER Full maiden name <u>Mabel Lambert</u> 15. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state. <u>Arizona</u> 16. Color or race <u>Cauc.</u> 18. Birthplace (city or place) <u>Pima, Arizona</u> (State or country) 19. Occupation Nature of Industry <u>Housewife</u>	
11. Age at last birthday <u>20</u> (Years) 20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____		17. Age at last birthday <u>17</u> (Years) 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11:35 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byron M. Brown M.D.
Miami, Arizona
(Physician or midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year _____
Filed Mar 28, 1927 R. E. Irwin
Registrar Registrar

762-313-11